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## Scars on Both Body and Mind: Trauma and Rage in Ola Rotimi's *Hopes of the Living Dead*

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### Abstract

A tendency towards apparently unprovoked rage characterizes the actions of many a leper-character in Ola Rotimi's *Hopes of the Living Dead*. This study attempts, therefore, to utilize insights from clinical psychology or, more specifically, trauma studies to seek out the roots of these characters' paranoia. Relying on insights from such trauma theorists as Sigmund Freud, Cathy Caruth, Esther Giller and Glen Most, among others, the study traces the root of the leper-characters' reactions to both internal and external stimuli in the colony to which they have been consigned by the authorities to the repressed sense of neglect and discrimination brought upon by their sequestration. The implied contention of this study is that a different, more humane course of treatment for the leper-characters which seeks to integrate them into, and not separate them from, the society of which they see themselves rightly as a part would have averted the all-too-frequent temper tantrums that suffuse the atmosphere of the play.

**Key words:** Trauma; Rage; Paranoia; Stimulus; Literature; Drama; Ola Rotimi and *Hopes of the Living Dead*

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### INTRODUCTION

*Hopes of the Living Dead* (1985) is a title in the vast dramatic oeuvre of Ola Rotimi, one of Nigeria's first-generation dramatists. The other titles in the corpus include *The Gods Are Not to Blame* (1971), *Kurunmi* (1974), *Ovonramwen Nogbaisi* (1974), *Our Husband Has Gone Mad Again* (1977), *Holding Talks* (1979), *If ... A Tragedy of the Ruled* (1983), and *Akassa You Mi* (2001). Most of these plays are fashioned out of historical materials. Rotimi has a penchant for turning historical data into tragic and revolutionary dramatic masterpieces, and incidentally, *Hopes of the Living Dead*, which is the play under study here, is one of such historico-revolutionary works of the author.

*Hopes of the Living Dead* dramatizes the historical lepers' revolt of between 1928 and 1932, which was staged by a group of leprosy patients admitted into the General Hospital, Port Harcourt, Nigeria, for the purpose of an experimental treatment undertaken by a Scottish physician named Dr. Fergusson who was researching on the cure for leprosy. The revolt, in its immediate and remote significances, is against the hospital authorities and the wider public, respectively, over what the leprosy patients considered neglect and unjust treatment meted out to them in the aftermath of Dr. Fergusson's abrupt suspension of his experiment and return to Europe. The lepers successfully resist being repatriated to the bushes whence they had come, choosing instead to be temporarily housed in the abandoned hospital for Infectious Diseases Patients pending future transfer to a permanent site promised by the government at Uzuakoli in the present-day Abia State, Southeast Nigeria.

Regrettably, Rotimi's plays, in spite of the topicality of their subjects, have not received commensurate critical attention except, of course, *The Gods Are Not to Blame*. Perhaps the worst hit in the said critical neglect is *Hopes*

of the *Living Dead*. It is bad enough that only scanty critical commentary exists on the play, but worse that no full critical work, even for the moderate length of a discrete essay, seems to have been devoted solely to the play. What one notices are often passing comments about the play tucked into panoramic surveys of Rotimi's theatre. These comments, worse still, dwell mostly on such obvious issues as the play's historical source, its Marxist inclination and, of course, the theme of leadership.

Novikov (as quoted in Ekeke, 2002, p.225), for instance, locates *Hopes of the Living Dead* among the historical plays of Rotimi in which he attempts to "combine historical depth with Shakespearean vividness and compelling depiction of character". Related to this is Ejeke's observation about what he describes as "Rotimian histories" which "adequately illustrate his philosophical depth, factual knowledge and powerful abstract thought in theatrical creativity." Ejeke names *Hopes of the Living Dead* among the plays of Rotimi in which the playwright "demonstrates his 'healthy obsession' with the past," asserting that "His treatment of these historical events portrays his support for an Africa that is really indigenous and quite capable of establishing her authority over what belongs to her" (p.225).

Beyond commenting on the historical concerns of *Hopes of the Living Dead*, Ejeke (2002) hints at the play's tendency towards proletarian concerns. According to him, "Depicting the popular masses is a major aesthetic challenge to Rotimi in ... *Hopes of the Living Dead*" (p.226). In a related development, Agberia (2002) situates *Hopes of the Living Dead* among Rotimi's works in which the dramatist "commissioned himself as a defender of the down-trodden" (p.viii).

Nwafor (2001), Utoh (2000) and Yeseibo (2001) locate *Hopes of the Living Dead* among the plays of Rotimi in which the dramatist addresses the issue of leadership. While Nwafor believes that Rotimi in the play "conceives an ideal leader in messianic terms to be a selfless person who is prepared to sacrifice his happiness or even his life for the welfare of his people" (p.60); Utoh sees the play as "Rotimi's attempt to express his distaste for the leaders of the post-independence era in Nigeria" (p.41); and Yeseibo considers it as Rotimi's solution to the leadership problem in Nigeria - the solution of "self-reliance which will hopefully result in a politico-economic self-reliant Nigerian state" (p.39). Encapsulating the three aspects is Shaka (2001, p.193) in his "History and the Historical Play," where he describes *Hopes of the Living Dead* simply as "a dramatic resurrection of Ikoli Harcourt Whyte". He believes that Whyte is a character in whom Rotimi reflects his personal idea of "a selfless leader" and a "revolutionary hero whose vision of leadership embraces a collective approach to solving the problems of society".

In addition, therefore, to enlarge the scholarship on *Hopes of the Living Dead* specifically and on Rotimi generally, the present study provides a fresh perspective to the reading of the play, a perspective that is far removed from the obvious standpoints. It is born out of a conviction that there exists in the plot of the play a suppressed sub-text constantly crying for recognition. This is the trauma sub-text. Thus, the essay undertakes a trauma reading of *Hopes of the Living Dead*. It is hoped that at the end of the enquiry, a fresh, if not deeper, insight into the play would have been unearthed.

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## 1. THEORETICAL BACKGROUND

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Given the thrust of this essay, as suggested by both the title and introduction, trauma theory invariably provides the most appropriate theoretical paradigm. The word, trauma, which has a Greek source, originally meant "wound" — a physical bodily wound caused by the piercing of the skin from the outside. But in medical, especially psychiatry, literature, the word trauma refers still to injury, though not the physical bodily injury, rather injury on the mind (Caruth, 1996, p.3). Trauma theory is, therefore, rooted in psychology, and its incursion into literature could be traced to the psychoanalytical teachings of Sigmund Freud in which he applied psychological principles to the interpretation of literary texts.

Freud asserts that trauma as a psychological condition could either be neurotic or non-neurotic. The central point about neurotic trauma, Freud avows, is that "it shows clear indications that [it is] grounded in fixation upon the moment of the traumatic disaster" (2012, p.232). This means that trauma becomes neurotic when its cause leaves a permanent impression (wound) on the mind of its victim. Freud further posits that the neurotic trauma manifests itself in two forms. One form involves constant disturbances and the victim's inability to release himself or herself from the agony of the traumatic experience. He illustrates this with the case of a woman who, separated from her husband, is not able to extricate herself from the resultant psychological effect (p.233). The other form of neurotic trauma is that whose effect is not felt at the very point of the traumatic event's occurrence, but is fixed in the psyche all the same, repressed in the unconscious and seemingly forgotten, but returns on a later occasion to haunt the victim or survivor. This second form of neurotic trauma is often illustrated with violent childhood experiences like rape, betrayal and battering; ghastly motor accidents and other forms of sudden violence. This deferred form of neurotic trauma is the most popular and indeed the very meaning of what many a trauma theorist considers trauma to be. Cathy Caruth, for example, notes that, "In its most general definition, trauma describes an overwhelming experience of sudden or catastrophic events in which

the response to the event occurs in the often delayed, uncontrolled repetitive appearance of hallucinations and other intrusive phenomena" (p.11).

Describing the non-neurotic trauma, Freud asserts as follows:

It also could happen that men are brought to complete deadlock by a traumatic experience that has so completely shaken the foundations on which they have built their lives that they give up all interest in the present and future, and become completely absorbed in retrospections; but these unhappy persons are not necessarily neurotic. (p.234)

Following Freud are many trauma theorists who have attempted to broaden Freud's views on the subject and to establish new frontiers. Some of these include Esther Giller (1999), Pearlman and Saakvitne (1995), Jon Allen (1995), Glenn Most (2009) and Kali Tal (1996), whose contributions to the subject are considered useful in the present study. Particularly revealing and interesting is Esther Giller's view which suggests that trauma is not just a psychological experience, but a complex mixture of biological, psychological, and social phenomenon. This, therefore, means that an event could be traumatic without being psychological. Focusing, however, on psychological trauma, Giller defines it as "the unique individual experience of an event or enduring conditions, in which the individual's ability to integrate his/her emotional experience is overwhelmed" (para.2). According to her, "a traumatic event or situation creates psychological trauma when it overwhelms the individual's ability to cope, and leaves that person fearing death, annihilation, mutilation, or psychosis." The individual, by her assessment, "may feel emotionally, cognitively, and physically overwhelmed." (para.3).

Giller explains further that trauma is a phenomenon whose true understanding depends on the subjective experience of an individual - the victim or survivor. Whilst trauma is more generally believed to emanate from one-time incidents such as natural disasters, accidents, surgeries, crimes, deaths and other violent occurrences, Giller adds to the list "chronic or repetitive experiences such as child abuse, neglect, combat, urban violence, concentration camps, battering relationships, and enduring deprivation" (para.4).

Similarly, Pearlman and Saakvitne (cited in Giller, para.2) consider psychological trauma to be an experience of an event in which "the individual experiences a threat to life, bodily integrity, or sanity". The same opinion is held by Jon Allen (cited in Giller, para.5) who believes that trauma emanates from the feeling of endangerment, adding that "Psychologically, the bottom line of trauma is overwhelming emotion and a feeling of utter helplessness." Allen explains further that "There may not be bodily injury, but psychological trauma is coupled with physiological upheaval that plays a leading role in the long-range effects".

Like all others, Glenn Most acknowledges that trauma is a psychological condition that is rooted in unpleasant childhood experiences, which are repressed at the time of happening, but whose effect resurfaces at a later time, especially at the victim's adult age. But her major contribution to the trauma theory is the observation that the effect of trauma usually manifests itself in inappropriate emotions like rage, anger, or fury, which are often responses to external stimuli. Most identifies three possible manifestations of the said inappropriateness of traumatized persons' reactions to unpleasant stimuli:

- (a) They might feel the emotion in the total absence of any stimulus whatsoever (the might be fully delusional),
- (b) They might react to a real stimulus with the wrong emotion (e.g. with fear instead of anger, or love instead of envy),
- (c) They might react to a real stimulus with the right emotion, but in the wrong quality (too much or too little).

Most warns that the three cases are not absolute but relative as they depend on different factors for their true realisation. In his words, "in all three cases, but especially in the latter two, what counts as inappropriate will, of course, vary wildly from period to period, from culture to culture, and even among different segments of the same culture" (p.444).

Kali Tal on her part believes that trauma though a psychological phenomenon has cultural and political angles to it, and that beyond the individual, the effect of trauma could be felt collectively by a cultural group. She argues that a cultural-political enquiry into trauma involves moving "back and forth between the effects of trauma upon individual survivors and the manner in which that trauma is reflected and revised in the larger collective political and cultural world (p.5). Based on the traumatic events of the Holocaust, the Vietnam War, and the campaign of sexual violence waged against women and children, Tal evolves what she calls "three strategies of cultural coping" (p.6) with a traumatic situation, namely, mythologisation, medicalisation, and disappearance.

Among the three, it is Mythologisation that has a literary implication concerned, as it is, with writing about traumatic experiences in works of literature. Tal believes that mythologising trauma is inevitable regardless of the fact that a traumatic experience when made a subject of literature over and over again loses its original import especially as "textual representations are mediated by language and do not have the impact of the traumatic experience" (p.15). Because of the inevitability of trauma's mythologisation, Tal fashions, as one of her major contributions to trauma theory, a set of guidelines that a critic of trauma literature should adopt in his/

her analysis of a text. In her words, the critic of trauma literature must determine:

- (a) The composition of the community of trauma survivors.
- (b) The nature of the trauma inflicted upon members of the community.
- (c) The composition of the community of perpetrators....
- (d) The relationship between the communities of victims and perpetrators, and
- (e) The contemporary social, political, and cultural location of the community of survivors. (p.17)

Emerging from the foregoing enquiries into the theory of trauma are the following conclusions and observations most, if not all, of which will undoubtedly aid the interpretation of our primary text in this study:

- (a) Trauma originally means bodily wound, but today, and especially in trauma literature, it stands for a wound in the mind.
- (b) By being a wound in the mind, trauma is a psychological condition.
- (c) As a psychological condition, trauma is mostly neurotic and can be cured; but there could also be non-neurotic trauma.
- (d) The effect of a traumatic experience is mainly not immediate, suggesting therefore that what constitutes trauma is not the ghastly, catastrophic, or terrific experience, but the after effect of the experience.
- (e) There could be trauma whose effect is immediate and continuous
- (f) There are different inappropriate manifestations of trauma—un-stimulated, stimulated but wrongly manifested; and stimulated, rightly manifested, but wrongly quantified.
- (g) Trauma is a subjective response to an objective occurrence.
- (h) A traumatic event can happen at any time; it is not a strictly childhood experience.
- (i) Writing about trauma in literature reduces its effect since language cannot fully express experience, and since the writer may not also be the trauma survivor or even the character giving the first-hand information.
- (j) In the light of the last point, a trauma-based interpretation of a text is bound to be as speculative as it will be subjective.
- (k) The cause of trauma is unlimited, involving every un-desirous occurrence that threatens any or aspects of one's existence.
- (i) Trauma arising from fatal occurrences could be doubly motivated — that is, the survivor is tormented not just by the ghastly experience, but also by the voice of the dead victim of the incident.
- (m) Trauma is related to stress and adaptation.

## 2. TRAUMA IN *HOPES OF THE LIVING DEAD*

Traumatized in *Hopes of the Living Dead* is a group of persons whose emotional responses to a similar stimulus are both collective and individualistic. This is a group whose members share a similar catastrophic experience that has perhaps not been associated with trauma before. This group is a group of lepers, and their traumatic experience is the combination of leprosy and unrestrained stigmatization. First, what is leprosy, and why is it a disease capable of inflicting its sufferers with trauma?

Leprosy, according to a report from the World Health Organisation's Media Centre, is a chronic infectious disease caused by *Mycobacterium leprae*, an acid-fast, rod-shaped bacillus. The disease mainly affects the skin, the peripheral nerves, mucosa of the upper respiratory tract, limbs, and the eyes. For many centuries, there was no cure for leprosy, but in the developed nations, the cure for the disease was discovered in the 1940s with the development of the drug dapsone. The duration of the treatment was many years, often a lifetime, making it difficult for patients to adhere to it (p.1).

Across cultures and over the centuries, the society looked upon lepers as unclean and cursed. Thus, they were and are still stigmatized. Something close to the general public perception and reaction to leprosy from ancient times to the historical epoch in which *Hopes of the Living Dead* is set is partly captured by Nwachukwu and Ekekezie (1993, p.3) in their description of the disease as both "terrible" and a "terror," and lepers as abandoned, cast out, feared, abused, despised, harassed, abhorred, ostracized, hated, absolutely forsaken and cut off from life. According to the duo, two obvious reasons accounted for the extreme stigmatization of lepers: "Firstly, most victims of this disease ended up with ugly irreversible physical mutilation. Secondly, there was no known cure for it". Another very obvious reason is the disease's contagious nature.

Considering the foregoing and the fact of the disease's sudden manifestation on the skin of sufferers, many traditional societies considered leprosy a curse from the gods. Therefore, the immediate reaction by the infected person's family and immediate community was to banish the victim to the (evil) forest far away from clean and free men. This is why most lepers lived in the thick forests where they had, as their neighbours, only animals and perhaps ghosts.

In spite of the advancements that have been made in medical care and treatment of the ailment, the stigmatisation of lepers has continued unabated. At the time when the events in *Hopes of the Living Dead* are set, there could have been nothing more hurtful to the mind and devastating to a person's general existence than being inflicted with leprosy. Discovering leprosy on one's body or being diagnosed with it was such an overwhelming



experience of an enduring magnitude whose emotional expression the victim was unable to integrate, to borrow Giller's terms. It was, therefore, a disease capable of creating psychological trauma in its victims because it left them fearing annihilation and mutilation; because it was characterized by an enduring deprivation; and because it was a threat to bodily integrity.

The lepers in *Hopes of the Living Dead* are indeed psychologically traumatized; but their trauma is both neurotic and non-neurotic. When collectively or individually the lepers act in the interest of the group, the symptoms of the non-neurotic trauma become evident; and conversely, when an individual leper acts for a more private than collective reason, the neurotic trauma case becomes manifest. Recalling Freud, the non-neurotic trauma neither manifests constant disturbances nor has a deferred effect; it is rather the type whose victims are "brought to complete deadlock by a traumatic experience that has so completely shaken the foundations on which they have built their lives that they give up all interest in the present and future, and become completely absorbed in retrospections" (p.234). The lepers in *Hopes of the Living Dead* are brought to complete deadlock by the traumatic disease, which has so completely shaken the foundations on which they had built their lives. The play recounts that each of the major leper characters was either at the peak of his/her professional career or on the verge of attaining it when the tragedy struck. Thenceforth, the disease changed the hitherto palatable courses of their lives, reducing them each to a pitiable object deserving of no respect, no love, no association, but isolation and discrimination (pp.11-12).

The experimental cure, while it lasted, provided only temporary optimism for the lepers, hence the idea of "hope" in the play's title. In spite of the fact that it was short-lived, the experiment produced very slow, if any, result as fingers and toes of the victims still rotted, patches and other skin blemishes increased, and cases of nervous and immunity breakdown persisted. The obvious ineffectiveness of the treatment and its eventual stoppage culminate in many of the victims feeling disinterested in the present and being absorbed in retrospections to the very genesis of their tragedies. Instances of these are couched in both group and individualistic terms. A detailed example comes very early in the play as a consequence of an external stimulus, namely, harassment from the hospital Matron. One survivor speaks on behalf of the group, and one important fact that bears recognition in that emotional account is the speaker's effort at cushioning its horrific effect on the psyche of the victims through the use of a euphemized name for the disease - *but*:

CC: ... *but* ... in that single three-letter word, madam, lies our tragedy. Take my word! You see us today. All you know about us is what we

are today. But the canoe we find today broken, rotten and rejected, half-sunk at the river-bank ... once has an owner, you know. It also had people who once loved it, cared for it. Sister Hannah, for instance, comes from an important family in Owerri. Daughter of a Chief. She was Teacher, trained in a Convent and all. Taught for — what, five years! Then came her *but*. Mallam; that man you see sitting over there, was a Postmaster at the Native Administration in Kano. For many years. Then his own *but* came to be. (*pointing to Catechist*) We call him Catechist. It is true.... Anyway — he too got his own *but*. So did he ... (*points to editor*) He was subeditor for the *Lagos Spectator*. I retired as Court Clerk in Yola. Returned home to be a Letter-Writer in my town. Then I had my *but*. Of course, there area farmers, fishermen, even beggars among us too. We all share the same *but*. The same —. (pp.11-12)

Some of the externally stimulated retrospections of the lepers come with anger that seems disproportionate to the stimuli, but which actually finds justification when matched with the degree of the effect of the traumatic experience. Such is Harcourt Whyte's outburst when provoked by Editor over the latter's tearing of the petition letter he wrote on behalf of the group and refusing to write another because the first one was criticized:

HW: Why don't you learn humility? You think you're the only educated person here? Go to Abonema: Christ Army School, Abonema, and ask about Ikoli Harcourt Whyte — the son of Slick Boy Munabo Whyte and Odibo Kelly of Jack's Compound, Abonema.

(*thumping his chest*)

A teacher's dream: a headmaster's pet! Not only in the classroom — check up my name on the list of the band up till 1919, when this ... happened to me ... I was confident. Confident I would??? become a headmaster someday, or batter, a reverend gentleman and choirmaster. But, this ... In spite of it... I'm not rotten in the brain; not dead from chin up. I've never stopped reading — you know that. So, what's all your cockiness about? Oh, you feel better blessed, is that it? You still have fingers to write with; some of us don't.

(*chuckles*)

Like our brother over there — Jimoh, and some others. Your kind of leprosy is not the type that crushes the spirit. Is that it? It's the skin type — just the surface, the merciful kind — spares your fingers, saves your toes from going rotten while you still call yourself a man.

(*shakes his head, sadly*)

It's all a lie, my brother — we are all the same.

(*departing*)

The baboon laughs at the vulture for the baldness on the vulture's head. But what's on the buttocks of the baboon? Baldness, brother, baldness. Same thing (pp.29-30).

A peep beyond words to the psychology of the speaker in the above outburst reveals that he is more incensed by the facts of his incapacitation and debasement by the leprous disease than by Editor's tearing of the criticized petition and refusing to write another one.

Furthermore, beyond the retrospections, the lepers continuously betray, in different ways, vestiges of the hurt in them. Tal notes that in spite of language's inability to accurately express traumatic experiences, there are words and expressions which help the reader to relate with the experience of victims of trauma. Examples of such expressions in *Hopes of the Living Dead* are: "our pain" (p.10), "our tragedy" (p.11), "the living-dead" (p.47). The above words and many others in the play help the reader to understand the level of psychological agony, horror, and anguish which the lepers have to grapple with not just intermittently, as in many other trauma situations, but every day because the trauma of a leper is sustained and constantly reinforced by such physiological conditions as nervous breakdown, disfigurement and muscular strain among others like physical wounds, discolouration and blemishes on the skin. These are conditions described by Allen (as cited by Giller, para.5) as upheavals that play "a leading role in the long-range effects of trauma".

Recalling Most's assertion that trauma manifests in expressing inappropriate emotions as responses to stimuli, one cannot but locate trauma in certain group actions of the leper characters in the play under study. There is something truly inappropriate in the leper inmates' intermittent vigorous merrymaking, involving loud singing and drumming at both night and day in a hospital where they are mere appendages and which houses several other patients. Associated with this is the fact that the lepers seem unable to either give a genuine reason for the recurrent burst of emotions or to relinquish same, even after it has thoroughly been disapproved of by the hospital authorities. This emotional outburst is simply a response to the overwhelming stimulus of unrestricted stigmatization by all including the hospital officials. As one of the lepers explains, amidst stuttering, "... we were only keeping ourselves — er ... keeping ourselves ... going" (p.8). It is the inappropriateness of the action that accounts for its link with trauma.

In addition to the lepers' singing and loud merrymaking at night in a regular hospital where they are only appendages, their violent response to the government's attempt to forcefully evict them from the hospital constitutes another inappropriate emotional response to an external stimulus. The inappropriateness of the incident resides in the facts of the lepers' apparently

inexplicable refusal to cooperate with the same authorities that had brought them together for a possible curative help and the rather bizarre idea of fingerless and toeless patients engaging dozens of well-armed and trained policemen in a duel. Noteworthy, however, is the fact that the lepers' response represents the last of most's inappropriate responses to real stimulus. This is the one which most designates as reacting to real stimulus with the right emotion, but in the wrong quantity. The wrong quantity of response, in the lepers' case, is their rage and violent reaction to the seeming benignity and courtesy of the first batch of policemen sent to evict them who began with announcing their mission through a megaphone and approaching the inmates with cudgels instead of guns:

Presently, a voice booms in through a megaphone, from outside

VOICE: Attention all patients in ward G and H....

Listen... and listen well.

You are advised to pack out now! Repeat: pack out now! In your own interest, lorries are waiting outside to take you to your villages.

And when the lepers are not forthcoming:

Instantly, about five policemen break into the ward, wielding batons. Encountering the inmates so suddenly, the policemen jam awkwardly to a halt, then back-pedal, horrified. At this juncture — Sergeant bursts in, barking at the bewildered policemen. (p. 62)

The response of the inmates represents a direct opposite of the above; and their general disposition finds expression in the following excerpt about Corp'l, an ex-soldier and a leper, who embodies the inmates' disproportionate aggression:

In a flash, Corp'l bounds out with demonic energy, descending on Sergeant. Startled, Sergeant tries to duck — too late. Corp'l knocks off the rifle from Sergeant's grip, slams his foot on it. Sergeant leaps aside and scurries to the other door. The unexpected counter-attack frightens the other Policemen, keeping them at bay. Sergeant, in a dilemma, blows his whistle, and in rushes another policeman wielding a rifle (p.63).

The ferocity of the inmates' reaction to the eviction stimulus is coupled with another seemingly subtle, but fervent, stimulus couched in lyrical and rhythmical terms. This is the revolutionary theme song of the lepers, captioned "Atulegwu" ("Be not afraid" in English). The call-and-response song comes impulsively to them especially when they are faced with a situation demanding courage. It is said that soon before the attack on the police, Nweke raises the song and:

It is chorused by all those who can, while the others sway participatingly to the rhythm. Corp'l is marching to it, executing a variety of steps around the room with dignified grace and precision. His countenance is somber: the charged atmosphere and the uniform seem to have transformed him into a man possessed. (p.60)

The perceived inappropriateness and disproportionateness of the lepers' response to the eviction

stimulus, it must be reiterated, is rooted in trauma. For so long, this group of people have been denigrated, stigmatized, humiliated and dehumanized by the public for a situation they did not cause for themselves, and which could have been the lot of anybody including those who now feel more important and better off.

On the individual level of psychological irrationality, *Hopes of the Living Dead* dramatises two important characters that could be said to represent that kind of traumatic fixation, which Freud identifies as neurotic. These are characters whose emotional traumatic manifestations are deeper than others'. They could be understood more clearly in the light of Giller's observation concerning trauma, traumatic events and individual differences. In her words:

... trauma is defined by the experience of the survivor. Two people could undergo the same noxious event and one person might be traumatized while the other person remained relatively unscathed. It is not possible to make blanket generalizations such that "X is traumatic for all who go through it" or "event Y was not traumatic because no one was physically injured." In addition, the specific aspects of an event that are traumatic will be different from one individual to the next. You cannot assume that the details or meaning of an event, such as a violent assault or rape, that are most distressing for one person will be same for another person (para. 6).

The two characters are Harcourt Whyte and Catechist, and their actions represent that category of most's inappropriate responses, which consists in the feeling of the trauma emotion in the absence of any stimulus. In a Stage Direction in Happening 1, the author describes one of Whyte's actions thus:

The singing is on a fresh round when we notice the choral leader — Ikoli Harcourt Whyte — gesture with impetuous suddenness, bringing the voices to a straggly stop on a phrase. Harcourt Whyte himself advances forth in that instant, muttering something and departing from the bewildered group. Hannah, noticing this uncanny behaviour, breaks loose from the group, and hurries after Harcourt Whyte, calling (p.6)

Here, definitely, is a neurotic case. The abruptness, strangeness, illogicality, unfriendliness, and harshness of the described action leave no one in doubt of its roots in traumatic psychosis. Such an impulsive action from a leper is not likely to be unconnected with the sometime overwhelming feeling of helplessness and rejection in a world that once held so much promise.

It is remarkable that Catechist's emotional eruption follows a similar sudden walk-away pattern as Whyte's in addition to the fact of his having also lost his fingers and toes to the same disease like Whyte. Unlike Whyte, however, Catechist secretly disappears from the hospital, spends weeks in Kafanchan and brings along, upon his return, a leper couple and their baby. As in Whyte's case, it is the stage direction that tells the story:

Catechist springs up suddenly from his bed, drags out an old portmanteau, looks about suspiciously and steals out. (p.17)

Even though Catechist's action may appear justified by the prevalent uncertainty in the hospital at the moment following Senior Medical Officer's announcement that things were not likely going to remain the same in the coming weeks, his return to the same place makes his action irrational. The irrationality of the action increases when one considers that the said information was still vague.

Catechist will soon be seen more clearly as a thoroughly traumatized being when, on many different occasions, he flares up, raging sometimes at a fellow inmate and at some other times at the whole group at the slightest provocation and, thus, fulfilling Most's third traumatic emotional response whose inappropriateness stems from its being quantitatively disproportionate to stimulus. Now taking care of themselves, the inmates buy and eat *gari* spiced with little salt. As Editor dutifully distributes the ration, he verbalizes it and when he comes to Catechist the fellow flares up both at Editor and another inmate who tries to intervene:

**EDITOR:** ...

*He comes now to Catechist who clearly has no receptacle for his ration. All the same, Editor brays dutifully over him.*

Half-cup gari -

**CAT:** (*fiercely, incensed*)

Get away, bo!

**EDITOR:** (*absorbs the rebuff stoically, moving away to serve others*)

Half-cup gari.... small salt!

**CC:** (*to Catechist*)

Mister, why are you biting people "yaun-yaun" like that, this evening?

**CAT:** Why won't I bite "yaun-yaun"? (p.81).

Soon after that verbal attack on individuals comes another, more ferocious, one aimed at the entire group:

**CAT:** Yes. Why shelter us next to a burial ground? (*flings off his blanket and totters to his feet*)

How does a man sleep side by side to a cemetery? Bad dreams — all night long; ghosts, all kinds — shouting in your ears, keeping your eyes open! In the daytime, your human voices — talking, talking, talking — splitting my ear-drums, busting my brain open. The devil take you all. Yes — I said so. The devil take your so-called struggle! What has it fetched us? Tension, hunger, bad dreams! ghosts!

(*mimicking*)

"Half-cup gari, small salt" — you call that *living*? The devil take you all, I say! Now let a poor man sleep. You hear? Day-time ghosts! (p.82)

Catechist's fury stems, obviously, from a deep psychological wound, rather than from his being housed near a cemetery. His refusal to eat or walk away like before, but preferring to starve and bark at innocent colleagues are indications of his traumatized mind. In these irrational rages, Catechist reminds one of Professor

Malik Solanka, the irascible protagonist of Salman Rushdie's novel *Fury*, whose "voice trembled with a rage far bigger than her intrusion merited" (Most, 2009, p.442) while responding to a girl's harmless question about his destination.

## CONCLUSION

We have been able to establish, in the foregoing, that the often irrational and gratuitously abrasive reactions of the leper-characters in Ola Rotimi's *Hopes of the Living Dead* to even the most innocuous actions of their co-inmates in the leper's colony as well as to other characters in the play is rooted in the trauma induced by the stigma and ostracism which attach to their health condition. It is our contention above that perhaps the leper-characters would have been less prone to impulsive rage and even paranoia had society been just a little less unkind in its treatment of them. We have also been able to show that leprosy, as depicted in Rotimi's play, leaves scars not just on the skin of the sufferers alone, but on their psyche as well, and that of the two kinds of scars the psychic ones seem to be far more pernicious, albeit in a somewhat insidious way.

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